

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 04774621 FILING DATE 02-05-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	2		2			
5	1		1			
6	2		2			
7	1	2	2			
8	1	2	2			
9	1	1	1			
10	1	1	1			
11	1		1			
12	1		1			
13	2		2	1		
14	2		2	1		
15	2		2	1		
16	2		2	1		
17	1		1			
18	1		1			
19	1		1			
20	2	1	1			
21	2	1	1			
22	2	1	1			
23	1		1			
24	2		2	1		
25	2		2	1		
26	2		2	1		
27	2		2	1		
28	2		2	1		
29	2		2	1		
30	2		2	1		
31	2		2	1		
32	2		2	1		
33	2	1	1			
34	2	1	1			
35	2	1	1			
36	1		1			
37	2		2			
38	1					
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4		4	
TOTAL DEP.	52	↓	50	↓	41	↓
TOTAL CLAIMS	56		54		45	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	✓				
52	1	✓				
53	2	✓				
54	2	✓				
55	2	✓				
56	2	✓				
57	2	✓				
58	2	✓				
59	1	✓				
60	1	✓				
61	2	✓				
62	2	✓				
63	1	✓				
64	1	✓				
65	1	✓				
66	1	✓				
67	2	✓				
68	2	✓				
69	1	✓				
70	2	✓				
71	2	✓				
72	2	✓				
73	2	✓				
74	2	✓				
75	2	✓				
76	2	✓				
77	2	✓				
78	2	✓				
79	2	✓				
80	2	✓				
81	2	✓				
82	2	✓				
83	2	✓				
84	2	✓				
85	2	✓				
86	1	✓				
87	2	✓				
88	2	✓				
89	2	✓				
90	2	✓				
91	2	✓				
92	2	✓				
93	2	✓				
94	2	✓				
95	2	✓				
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	76	↓		↓		↓
TOTAL CLAIMS	80					